

Utah Department of Health, Child Care Licensing Program
Department of Workforce Services (DWS)
Family, Friend, & Neighbor (FFN)
Interpretation Manual

Explanation

This manual is for providers and Child Care Licensing staff. Its purpose is to help ensure statewide consistency in the understanding and enforcement of the DWS FFN Child Care Health and Safety Regulations. Each section of regulations has the:

Purpose -- a brief description of the section

General Information -- details (when applicable) specific to that section

Regulations – the text of each regulation

Rationale / Explanation – the reason for and, when applicable, additional information about the regulation

Assessment - how compliance will be assessed

Enforcement – the Noncompliance Level(s)

Information in the Rationale/Explanation section has references to “CFOC.” This stands for *Caring for Our Children: Guidelines for Out-of-Home Child Care Programs*. This book has standards generally accepted as the best practices to ensure the health and safety of children in child care.

Inspections

Providers have required Announced and Unannounced Inspections during the year. They will also have Complaint Investigations if there are reports of alleged noncompliance with child care regulations. During these Inspections and Investigations, Licensing Specialists assess compliance with regulations. When noncompliance is found and not corrected during the inspections and/or investigations, providers are given dates by which to show compliance. When providers don't show compliance by those dates, their approvals are deactivated.

Statements of Findings

After Inspections/Investigations with noncompliance items, Statements of Findings are created. These Statements of Findings have the details of the noncompliance item(s), the date by which the noncompliance item was or must be in compliance, and the Noncompliance Level. The Noncompliance Level shows the level of potential harm to children. Level 1 is the most serious, Level 2 is less serious, and Level 3 is the least serious. The Noncompliance Level also determines the Category of the Statement of Finding. A Cited Statement of Finding has a higher potential of harm to children than a Technical Assistance Statement of Finding.

Public Record

Cited Statements of Findings from Announced Inspections and Unannounced Inspections are part of the provider's public record. Cited Statements of Findings and Technical Assistance Statements of Findings from Complaint Investigations are part of the provider's public record.

SECTION 1 - PROVIDERS

Purpose

This section contains the regulations for who can be an approved provider and where care can be done.

1) a) i) Providers must be at least 18-years-old.

Rationale / Explanation

Eighteen years is the age of legal consent. The purpose of this regulation is to ensure that providers have the maturity necessary to meet the responsibilities of independently caring for a group of children. CFOC, 3rd Ed. pg. 13 Standard 1.3.2.3

Enforcement

Level 1 Noncompliance

1) a) ii) Providers must have knowledge of and comply with all applicable federal, state, and local laws and rules.

Rationale / Explanation

This regulation is intended to address problems which are not already addressed in other regulations, but which involve the violation of an applicable federal, state, or local law or administrative rule of another agency.

Assessment

A finding for this rule is issued only when there is not another regulation that addresses a problem.

Enforcement

The noncompliance level depends on the law or rule found out of compliance. Child Care Licensing staff will compare the seriousness of the law or rule violated with the noncompliance levels of the most similar regulation.

1) b) Providers cannot live in the same home as the children in care or in the same home as the parents of the children in care unless a child in care has special needs.

Rationale / Explanation

This is part of the DWS eligibility requirements.

Enforcement

Level 1 Noncompliance

1) c) Providers cannot be siblings of children in care who live in the same home as the children in care.

Rationale / Explanation

This is part of the DWS eligibility requirements.

Enforcement

Level 1 Noncompliance

1) d) Providers cannot be parents, specified relatives, or legal guardians of the children in care for payment. This includes divorced spouses, step-parents, spouses of specified relatives, and spouses of legal guardians.

Rationale / Explanation

This is part of the DWS eligibility requirements.

Enforcement

Level 1 Noncompliance

1) e) Providers cannot provide care when there is a parent of the child(ren) in the home, including when a DWS customer works from home.

Rationale / Explanation

This is part of the DWS eligibility requirements.

Enforcement

Level 1 Noncompliance

1) f) In an unforeseen emergency and for up to 24 hours, the provider may use an emergency provider for the children in care. The emergency provider must be at least 18-years-old and cannot have a felony or misdemeanor conviction or a substantiated case of abuse or neglect.

Rationale / Explanation

Supervision of children is basic to the prevention of harm. Parents have an expectation that their children will be supervised when in the care of a provider. CFOC 3rd Ed. pgs. 64-66 Standard 2.2.0.1

Enforcement

Level 2 Noncompliance

1) g) Providers must have an approved (by the Licensing Specialist) Health and Safety Plan on the Department form.

Rationale / Explanation

A written plan allows the provider to have procedures in place before starting care for children. Having a well-thought out plan helps providers remain calm and in control during emergency situations.

Enforcement

Level 2 Noncompliance

1) h) At least 30 days before the expiration date of their approval, providers must complete and document at least 5 hours of on-going child care training.

i) The training must include at least the following topics:

- (1) recognizing the signs and symptoms of child abuse and the legal reporting requirements of suspected abuse and neglect;
- (2) recognizing the signs of homelessness and what assistance is available;
- (3) the prevention of Sudden Infant Death Syndrome and safe sleeping practices;
- (4) the prevention of Shaken Baby Syndrome and Abusive Head Trauma;
- (5) a review of the Health and Safety Plan; and
- (6) a review of the Health and Safety Regulations.

Rationale / Explanation

Research has shown that the training and education of the provider has a direct impact on the quality of care children receive. Providers who are better trained are better able to prevent, recognize, and correct health and safety problems. They are also more likely to avoid abusive discipline practices.

Assessment

Reality TV and talk shows are **not** considered child care training.

The following trainings and classes do not count towards training hours:

- stress management
- yoga.
- technical assistance from Child Care Licensing staff
- language classes.
- origami training
- dances classes for children
- adult anger management classes

Child Care Licensing and Care About Child Care trainings entitled "Foundation of Success" cover all required topics.

Enforcement

Level 2 Noncompliance

1) h) At least 30 days before the expiration date of their approval, providers must complete and document at least 5 hours of on-going child care training.

ii) The documentation of the training must include:

- (1) the date of the training;
- (2) the training topic; and
- (3) the length of the training.

Rationale / Explanation

Accurate and complete training records are needed to track training and assess compliance with this rule.

Enforcement

Level 3 Noncompliance

SECTION 2 - BACKGROUND SCREENINGS

Purpose

This section contains the regulations for background screenings.

General Information

Working days refers to the days the Child Care Licensing Program is open for business. Ten working days is 14 calendar days for weeks with no federal holidays and 15 calendar days for weeks with federal holidays.

2) a) All Covered Individuals in the home where care is provided must have current (less than a year old) approved background screenings. Background screenings will not be approved when individuals have any of the following:

- i) any felony conviction**
- ii) any Class A misdemeanor conviction within the last 10 years**
- iii) certain Class A misdemeanor convictions older than 10 years**
- iv) certain Class B and Class C misdemeanor convictions such as:**
 - (1) public assistance or unemployment fraud**
 - (2) offenses against the family**
 - (3) offenses against a person**
 - (4) pornography**
 - (5) prostitution or any type of sexual offense**
 - (6) simple assault**
 - (7) domestic violence**
 - (8) lewdness**
 - (9) child abuse**
 - (10) contribution to the delinquency of a minor**
- v) any supported finding of child abuse or neglect as determined by DCFS**
- vi) a pending indictment, a plea of no contest to, a plea in abeyance, or a diversion agreement to any charges whose conviction would result in a denial**
- vii) a juvenile record comparable to anything that would result in denial if on an adult record**
- viii) a registered sex offender in the home**

Rationale / Explanation

The purpose of this regulation is to ensure that individuals who do not pass a background screening do not have unsupervised access to children in care.

Enforcement

Level 1 Noncompliance when a Covered Individual does not have an approved background screening

Level 2 Noncompliance when a Covered Individual has an expired background screening approval

2) b) The provider must submit Background Screening forms for Covered Individuals who move into the home where care is provided. These forms must be submitted within 10 working days of the individual moving into the home.

Rationale / Explanation

The purpose of this regulation is to ensure that individuals who do not pass a background screening do not have unsupervised access to children in care.

Assessment

When Covered Individuals leave the state for more than 90 calendar days the provider must, when they return home, submit a new form with fingerprints for those individuals.

Enforcement

Level 1 Noncompliance when the form was not submitted

Level 2 Noncompliance when the form was submitted but not within 10 working days

2) c) The provider must submit Background Screening forms for Covered Individuals who stay for more than 2 weeks in the home where care is provided. These forms must be submitted within 10 working days of the first day the individuals stay in the home.

Rationale / Explanation

The purpose of this regulation is to ensure that individuals who do not pass a background screening do not have unsupervised access to children in care.

Assessment

This includes children who are college students who live at college but stay in the home for more than 2 weeks when they are not at college.

Enforcement

Level 1 Noncompliance when the form was not submitted

Level 2 Noncompliance when the form was submitted but not within 10 working days

2) d) The provider must submit Background Screening forms for children who live in the home where care is provided when the children turn 12-years-old. These forms must be submitted within 10 working days of the children's 12th birthday.

Rationale / Explanation

The purpose of this regulation is to ensure that individuals who do not pass a background screening do not work with or have unsupervised access to children in care.

Enforcement

Level 1 Noncompliance when the form was not submitted

Level 2 Noncompliance when the form was submitted but not within 10 working days

SECTION 3 - NUMBER OF CHILDREN IN CARE

Purpose

This section contains the regulations for the number of children that can be in care.

General Information

Statute defines a child in care as a person who is under the age of 13, or under the age of 18, when the person has a disability.

All children younger than 13-years-old, including the provider's children and any children related to the provider, who are in the home when care is provided are considered children in care.

3) a) When care is in the home of the provider:

i) When the children in care are all siblings who are related to the provider and there are no other children in care, there is no limit to the number of children in care.

ii) When there are children in care who are not siblings who are related to the provider, there can be no more than 8 children in care and no more than 2 of those children can be younger than 2-years-old.

When there are more than 4 children in care who are not related to the provider, the provider must (by statute) have a Child Care Family License or Residential Certificate.

Rationale / Explanation

The purpose of this regulation is to ensure children's safety, especially in the event of a fire or other emergency evacuation. CFOC, 3rd Ed. pgs. 4-5 Standard 1.1.1.2

Assessment

Step-siblings and half-siblings are considered siblings.

Enforcement

Level 1 Noncompliance

All children younger than 13-years-old, including the provider's children and any children related to the provider, who are in the home when care is provided are considered children in care.

3) b) When care is in the home of the child(ren) in care, only the child(ren) living in the home can be in care and:

i) When the children in care are all siblings and there are no other children in care, there is no limit to the number of children in care.

ii) When there are children in care who are not siblings, there can be no more than 8 children in care and no more than 2 of those children can be younger than 2-years-old.

Rationale / Explanation

The purpose of this regulation is to ensure children's safety, especially in the event of a fire or other emergency evacuation. CFOC, 3rd Ed. pgs. 4-5 Standard 1.1.1.2

Assessment

Step-siblings and half-siblings are considered siblings

Enforcement

Level 1 Noncompliance

SECTION 4 - SUPERVISION

Purpose

This section contains the regulations for the supervision of children.

General Information

Supervision of children is basic to the prevention of harm. To be available for supervision as well as rescue in an emergency, the provider must be able to see and hear the children. CFOC, 3rd Ed. pgs. 64-66 Standard 2.2.0.1 Providers should regularly assess the environment to see how their ability to see and hear children during activities might be improved. Many instances have been reported in which a child was hidden when the group was moving to another location or a child wandered off when a door was open. Regular counting of children can alert the provider to a missing child. CFOC, 3rd Ed. pgs. 64-66 Standard 2.2.0.1

An area of a home is considered a separate “floor” or “level” when there are 10 or more stairs to the area.

Hearing the children can be done with an audio monitor.

4) a) The provider must be awake, physically on-site, and directly supervising children in care at all times. Directly supervising children in care means being aware of and responsible for the children and near enough to intervene when needed. This includes being inside the home when children in care are inside the home and being outside when children in care are outside. (The exception to this is that school age children in care can be outside when the provider is inside the home and can hear the school age children in care and is near enough to intervene when needed.)

Rationale / Explanation

Children like to test their skills and abilities. This is particularly true during outdoor play and on playground equipment. Even if the highest safety standards for playground layout, equipment, and surfacing are met, serious injuries can still happen if children are left unsupervised. CFOC, 3rd Ed. pgs. 64-66 Standard 2.2.0.1

Assessment

Providers will be considered to be in compliance with this regulation when they are indoors with the children and:

- They are on the same floor or level of the home as children older than non-walking infants or toddlers (who do not have special needs), can hear the children, and visually check on the children as needed.
- They are on a different floor or level than school-age children and they can hear the children and visually check on them as needed.
- They are temporarily on a different floor or level of the home than the children and/or not within hearing distance of the children when using the bathroom, checking on sleeping children, bringing prepared food from the kitchen to the eating area, changing diapers, applying first-aid, or completing necessary child-related clean-ups.
- During nap time - they are on a different floor or level of the home than the sleeping children and can hear the sleeping children and visually check on the sleeping children age 1 and older as needed and monitor sleeping infants as required in 4) b).

Providers will be considered in compliance with this regulation when children three-years-old and older go inside to use the bathroom (one at a time) and the provider and the other children are outside.

Providers will be considered in compliance with this regulation when the children are outside and the provider very briefly goes inside to help a child use the bathroom or to administer first aid to an injured child.

Providers will be considered out of compliance with this regulation when:

- They are not in the same room as non-walking infants and toddlers or children with special needs who are not in age-appropriate pieces of equipment.
- They are taking a shower, taking a bath, or napping (including when the children are napping) and children are in care.
- A child in care opens a child-proof lock and accesses unsafe materials.

Enforcement

Level 1 Noncompliance

4) b) The provider must supervise sleeping infants by:

- i) having the infants sleep in a location where they are within sight and hearing of the provider or**
- ii) an in-person observation of the sleeping infants at least once every 15 minutes.**

Rationale / Explanation

Infants must be supervised, even while they are sleeping. This is for their safety and to reduce instances of Sudden Infant Death Syndrome (SIDS).

Enforcement

Level 1 Noncompliance

4) c) When a wading pool is used by children in care, the provider must be at the pool supervising the children in care whenever there is water in the pool.

Rationale / Explanation

The purpose of this regulation is to prevent drowning. Small children can drown within 30 seconds in as little as 2 inches of water. CFOC, 3rd Ed. pgs. 68-29 Standard 2.2.0.4, pg. 283 Standard 6.3.5.3

Providers should check with their local health departments before allowing children to use wading pools because some local health departments prohibit the use of wading pools in child care facilities.

Assessment

Supervising at a pool means the provider is close enough to see the entire bottom of the pool.

Enforcement

Level 1 Noncompliance

4) d) When there is a swimming pool that is not emptied after each use on the premises, the provider must be at the pool supervising children in care whenever they are using the pool or have access to the pool.

Rationale / Explanation

The purpose of this regulation is to prevent both injury and drowning. Most children drown within a few feet of safety and drowning is one of the leading causes of unintentional injury to children under 5 years of age. CFOC, 3rd Ed. pg. 7 Standard 1.1.1.5, pg. 267 Standard 6.1.0.6, pg. 278 Standard 6.3.1.1, pg. 280 Standards 6.3.1.6, 6.3.1.7, 6.3.1.8, pgs. 281-282 Standards 6.3.2.1, 6.3.2.2, 6.3.2.3, 6.3.3.1, 6.3.3.2, 6.3.3.4

Assessment

Supervising at a pool means the provider is close enough to see the entire bottom of the pool.

Enforcement

Level 1 Noncompliance

4) e) When there is a trampoline on the premises, the provider must be next to the trampoline supervising the children in care whenever the children in care are on the trampoline.

Rationale / Explanation

Trampolines pose serious safety hazards. The CPSC estimates that in 2014 there were 104,694 injuries associated with trampolines that were treated in hospital emergency rooms. They are also aware of a total of 22 deaths between 2000 and 2009. The hazards that result in injuries and deaths include:

- falling or jumping off the trampoline.
- falling on the trampoline springs or frame.
- colliding with another person on the trampoline.
- landing improperly while jumping or doing stunts on the trampoline.

The American Society for Testing and Materials (ASTM), which conducts product safety testing, has issued the following warnings for trampoline use:

- Do not attempt or allow somersaults on the trampoline. Landing on the head or neck can cause serious injury, paralysis, or death, even when landing in the middle of the bed. (ASTM F 381, 7.5.1.1.)
- Do not allow more than one person on the trampoline. Use by more than one person at the same time can result in serious injury. (ASTM F 381, 7.5.1.2.)
- Allow trampoline use only with mature, knowledgeable supervision. (ASTM F 381, 7.5.1.3.)
- Trampolines over 20 inches tall are not recommended for use by children under 6 years of age. (ASTM F 381, 7.5.1.4.)
- Inspect the trampoline before each use. Make sure the frame padding is correctly and securely positioned. Replace any worn, defective, or missing parts. (ASTM F 381, 7.5.1.5.)

Assessment

This includes above-ground trampolines and built into the ground trampolines.

Supervising at a trampoline means the provider is standing close enough to be able to reach out and touch the trampoline.

Enforcement

Level 1 Noncompliance

SECTION 5 - CHILD SAFETY AND INJURY PREVENTION

Purpose

This section contains the regulations for safety hazards.

5) a) The provider must take all reasonable measures to protect the safety of children in care and must not engage in or allow conduct that unreasonably endangers children in care or is adverse to the health, morals, welfare, and safety of children in care.

Rationale / Explanation

This regulation is intended to address problems that are not specifically mentioned in other regulations but could jeopardize the safety of the children.

Enforcement

Level 2 Noncompliance when

- a provider jerks, pulls, lifts or swings a child by the arm(s), which can cause a partial dislocation of the elbow, referred to as Nursemaid's Elbow.
- a provider leaves children unattended in a room with an open door that allows access to a road or parking lot.

Otherwise the Noncompliance Level depends on the law or regulation found out of compliance

5) b) The home, outdoor play area, toys, and equipment must be maintained in a safe manner to prevent injury to children in care.

Rationale / Explanation

The physical structure where children spend each day can present safety concerns if not maintained in a safe condition. For example, peeling paint may be ingested, floor surfaces in disrepair could cause falls and other injuries, and broken windows could cause severe cuts. CFOC, 3rd Ed. pg. 261 Standard 5.7.0.7

This regulation is intended to address problems that are not specifically mentioned in other regulations but could result in injury to children.

Enforcement

Level 2 Noncompliance when melting wax, such as in a candle warmer, is accessible to children

Otherwise the Noncompliance Level depends on the law or regulation found out of compliance

5) c) The provider must have a working telephone.

Rationale / Explanation

The purpose of the regulation is to ensure the provider can contact the parents of children in care, the parents of children in care can contact the provider, and the provider can always contact emergency personnel (fire, police, ambulance, etc.) if needed. CFOC, 3rd Ed. Pg. 243 Standard 5.3.1.12

Enforcement

Level 2 Noncompliance

5) d) The provider must have a working fire extinguisher.

Rationale / Explanation

The purpose of this regulation is to ensure the provider can put out small fires in the home before they cause serious damage.

Assessment

Providers are considered in compliance when they live in an apartment building with a fire extinguisher in the building.

Enforcement

Level 2 Noncompliance

5) e) The provider must have a working smoke detector on each floor of the home.

Rationale / Explanation

The purpose of this regulation is to ensure the provider is alerted of a possible fire in the home and can take the steps necessary for the safety of the children.

Enforcement

Level 2 Noncompliance

5) f) When there are firearms on the premises, the firearms cannot be loaded and must be in a cabinet, safe, or area that is locked with a key, combination, or fingerprint lock, unless their use is in accordance with the Utah Concealed Weapons Act or as otherwise allowed by law.

Rationale / Explanation

Children have a natural curiosity about firearms and have often seen their use glamorized on television. Firearms pose a great potential for tragic accidents with children. CFOC, 3rd Ed. pg. 257 Standard 5.5.0.8, pg. 363

Every hour a child or teen is sent to the hospital with a gunshot wound. Most of those wounds are accidental. The following is an informational news report about guns and gun safety: <http://abc.go.com/shows/2020/listing/31-2020-131-young-guns-a-diane-sawyer-special#more>

Assessment

Firearms include guns, muzzle loaders, rifles, shotguns, hand guns, pistols, and automatic guns.

Use of a trigger lock is not an acceptable alternative to a locked cabinet, safe, or area.

The firearm is not considered to be in a locked cabinet, safe, or area when the key is in the lock of that cabinet, safe, or area.

Ammunition may be stored in the same cabinet or area as the firearm but not in the firearm or the chamber of the firearm.

Guns that are dismantled and do not have a trigger mechanism are not considered firearms.

Enforcement

Level 2 Noncompliance when a firearm with a trigger lock is accessible

Level 1 Noncompliance otherwise

5) g) i) When there are infants in care - The provider must ensure that infants sleep in equipment designed for sleep, such as a crib, bassinet, porta-crib, or playpen unless the provider has written instructions from the parent to have the infant sleep in other equipment. Equipment designed for sleep does not include mats, cots, bouncers, swings, or car seats.

Rationale / Explanation

The purpose of this regulation is to prevent injury to children from entrapment, falls, or other children. CFOC, 3rd Ed. pgs. 96-99 Standard 3.1.4.1

Assessment

Providers are never to have infants sleep in an adult bed.

The Boppy website (www.boppy.com) states that a boppy should never, ever be used for a baby to sleep on. It goes on to state that it should not be used in a crib, cradle, bassinet, playpen, play yard, or bed and that improper use of the product could result in serious injury or death.

Enforcement

Level 1 Noncompliance

5) g) ii) When there are infants in care - The provider must not place infants on their stomachs for sleeping, unless the provider has written instructions from a health care provider to place the infant on his/her stomach for sleeping to treat a medical condition.

Rationale / Explanation

Placing infants to sleep on their backs has been associated with a dramatic decrease in deaths from Sudden Infant Death Syndrome. Pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items should be removed from cribs, as infants have been found dead with these items covering their faces, noses, and mouths.

Enforcement

Level 1 Noncompliance

5) h) i) The following must be inaccessible - prescription medications, over-the-counter medications, vitamins, and herbal supplements.

Rationale / Explanation

The purpose of this regulation is to prevent children from getting into and ingesting medications, vitamins, and herbal supplements. CFOC, 3rd Ed. pgs. 143-144 Standard 3.6.3.3

Enforcement

Level 2 Noncompliance

5) h) ii) The following must be inaccessible - empty refrigerators and freezers.

Rationale / Explanation

The purpose of this regulation is to prevent children from suffocating in empty refrigerators and freezers.

Enforcement

Level 1 Noncompliance

5) h) iii) The following must be inaccessible - exposed live electrical wires.

Rationale / Explanation

The purpose of this regulation is to prevent injury to the children.

Enforcement

Level 1 Noncompliance

5) h) iv) The following must be inaccessible - open containers of alcohol.

Rationale / Explanation

The age, defenselessness, and lack of mature judgment of children in care make the prohibition of alcohol an absolute requirement in child care programs. CFOC, 3rd Ed. pg. 118-119 Standard 3.4.1.1, pg. 363 Standard 9.2.3.15

Assessment

Alcohol that has been opened but is corked/capped is considered inaccessible.

Enforcement

Level 1 Noncompliance

5) h) v) The following must be inaccessible - illegal substances.

Rationale / Explanation

The age, defenselessness, and lack of mature judgment of children in care make the prohibition of illegal substances an absolute requirement in child care programs. CFOC, 3rd Ed. pg. 118-119 Standard 3.4.1.1, pg. 363 Standard 9.2.3.15

Enforcement

Level 1 Noncompliance

5) h) vi) The following must be inaccessible - when in use, portable space heaters, fireplaces, and wood burning stoves.

Rationale / Explanation

These are all hot enough to burn children. They can also start fires when heating elements, flames, or hot surfaces are too close to flammable materials, including children's clothing. In addition, fireplaces and wood burning stoves can be sources of toxic products of combustion. CFOC, 3rd Ed. pgs. 215-216 Standards 5.2.1.11, 5.2.1.12, 5.2.1.13

Enforcement

Level 1 Noncompliance for accessible wood burning stoves or fireplaces

Level 2 Noncompliance for accessible portable space heaters

5) h) vii) The following must be inaccessible - toxic substances.

Rationale / Explanation

All of these substances can cause illness or death through accidental ingestion. Flammable materials are also involved in many flash fire burns admissions to burn units. CFOC, 3rd Ed. pgs. 226-229 Standards 5.2.8.1, 5.2.9.1, pgs. 234-235 Standard 5.2.9.11, pg. 256 Standard 5.5.0.5

Enforcement

The following are not considered toxic substances (this is not an all inclusive list):

blue toilet water	fluorescent light bulbs	rinsing agents
charcoal treated with lighter fluid	firework snaps	shaving cream
cleanser	GOJO products	silica gel packets
disinfecting or sanitizing wipes	ice melt or rock salt	spackling
energy drinks	laundry detergent	stucco
essential oils	liquid bandages	white board cleaner
Fast Orange hand cleaner	plant fertilizer	witch hazel
Febreze products	propane	wood pellets

Level 2 Noncompliance when any of the following are accessible to children:

ammonia	insecticide	rubber cement
anti-freeze	iodine	rubbing alcohol
bleach (undiluted)	jewelry cleaner	silicone spray
corroded batteries	kerosene	spray paint
drain cleaners	laundry detergent pods	super glue
energy shots, such as 5 Hours Energy	lighter fluid	Tiki Torch Fuel
fertilizer with weed killer	linseed oil	tile grout sealer
fluorescent light tubes	liquid correction fluids	turpentine
gasoline	model glue	vinyl adhesive remover
gunpowder	nail glue	water sealant
gun solvent	nail polish remover and other solvents containing acetone	WD-40
hydrocarbons, such as De-Solv-It	paint thinner	weed killer
insect repellent	pesticides	windshield washer fluid

5) h) viii) The following must be inaccessible - poisonous plants.

Rationale / Explanation

Plants are among the most common household item that children ingest. Poisonous plants can also cause skin rashes. CFOC, 3rd Ed. pg. 234 Standard 5.2.9.10

Assessment

Poisonous plants include: poison ivy, poison oak, stinging nettle, mushrooms, toadstools, jimson weed, castor bean, and oleander.

Enforcement

Level 2 Noncompliance

5) h) ix) The following must be inaccessible - open flames.

Rationale / Explanation

Children are at risk of burns from open flames. Fires may also be accidentally started by open flames, such as a burning candle. CFOC, 3rd Ed. pg. 256 Standard 5.5.0.6

Assessment

Providers are not considered out of compliance with this regulation when they have cakes or cupcakes with lit candles and there is constant direct supervision of the children in care until the lit candles are blown out.

Enforcement

Level 1 Noncompliance

5) i) There can be no animal that has a history of dangerous, attacking, or aggressive behavior accessible.

Rationale / Explanation

The purpose of this regulation is to prevent injury to children by an aggressive animal. CFOC, 3rd Ed. pg. 121, Standard 3.4.2.2

Assessment

Providers are in compliance with this regulation when, after an animal bites a person, the provider immediately makes it inaccessible to children.

Pythons and boa constrictors are naturally aggressive animals and are very dangerous. They cannot be accessible.

Enforcement

Level 1 Noncompliance

5) j) i) (1) When there is an outdoor area used by children in care, the following must be inaccessible - unanchored swings and large metal slides.

Rationale / Explanation

Proper maintenance of outdoor areas and outdoor play equipment is a key factor in ensuring a safe environment for children. Each outdoor area is unique and requires a routine maintenance check program developed specifically for that outdoor area. CFOC, 3rd Ed. pg. 259 Standard 5.7.0.1

Assessment

Licensing Specialists will shake the swings and/or slides to see if they are anchored.

Enforcement

Level 1 Noncompliance

5) j) i) (2) When there is an outdoor area used by children in care, the following must be inaccessible - raised decks or balconies and open stairwells 5 feet or higher without protective barriers or with protective barriers with gaps greater than 5 inches by 5 inches.

Rationale / Explanation

Proper maintenance of outdoor areas and outdoor play equipment is a key factor in ensuring a safe environment for children. Each outdoor area is unique and requires a routine maintenance check program developed specifically for that outdoor area. CFOC, 3rd Ed. pg. 259 Standard 5.7.0.1

Assessment

When there is a small cement lip on the edge of the stairwell, Licensing Specialists will measure from the top of that cement lip down to the bottom of the stairs to determine the height of the stairwell.

Enforcement

Level 1 Noncompliance

5) j) i) (3) When there is an outdoor area used by children in care, the following must be inaccessible - motor vehicles on blocks.

Rationale / Explanation

Proper maintenance of outdoor areas and outdoor play equipment is a key factor in ensuring a safe environment for children. Each outdoor area is unique and requires a routine maintenance check program developed specifically for that outdoor area. CFOC, 3rd Ed. pg. 259 Standard 5.7.0.1

Enforcement

Level 1 Noncompliance

5) j) i) (4) When there is an outdoor area used by children in care, the following must be inaccessible - rebar or metal rods less than 36 inches long sticking up from the ground or out of walls.

Rationale / Explanation

Proper maintenance of outdoor areas and outdoor play equipment is a key factor in ensuring a safe environment for children. Each outdoor area is unique and requires a routine maintenance check program developed specifically for that outdoor area. CFOC, 3rd Ed. pg. 259 Standard 5.7.0.1

Enforcement

Level 1 Noncompliance

5) j) ii) When there is an outdoor area used by children in care, stationary play equipment accessible cannot be over hard surfaces such as cement or asphalt.

Rationale / Explanation

This regulation is based on guidelines from the Consumer Product Safety Commission, which are designed to prevent serious head injuries or other life threatening injuries to children. CFOC, 3rd Ed. pg. 272 Standard 6.2.2.1

Improper cushioning material under playground equipment is the leading cause of playground related injuries. Over 70% of all accidents on playgrounds are from children falling. Hard surfaces such as concrete, blacktop, or packed earth are not acceptable under most play equipment. A fall onto one of these hard surfaces could be life threatening. CFOC, , 3rd Ed. pg. 237-238 Standard 5.3.1.1; pg. 273-274 Standard 6.2.3.1

Assessment

This regulation applies to stationary play equipment over 6 inches high. This regulation does not apply to areas directly under swings and trampolines.

Licensing Specialists will ask providers if the equipment is in a different location when used by children. When providers state they move the equipment before it is used by children, Licensing Specialists will instruct them to move it to that location before they assess for compliance.

Artificial grass is an acceptable surfacing underneath stationary playground equipment.

Providers can place cushioning mats under playground equipment before children in care use the equipment.

Packed dirt is considered a hard surface. Dirt is considered to be packed when it does not displace when it is walked on.

Packed sand is the same as packed dirt.

When wood chips or other cushioning materials are frozen due to extreme weather conditions they will be considered a hard surface.

When a material cannot be loosened due to extreme weather conditions, children are not to play on the equipment until the material can be loosened to the required depth.

Enforcement

Level 1 Noncompliance

5) j) iii) When there is an outdoor area used by children in care, equipment in the outdoor area must be used in a safe manner to prevent injury to children.

Rationale / Explanation

Children like to test their skills and abilities. This is particularly true in outdoor play with playground equipment. CFOC, 3rd Ed. pg. 65 Standard 2.2.0.1

Assessment

Unsafe use includes walking on slides, going down slides head first, being on top of swing sets, climbing up the outside of covered slides, playing on the roofs of structures, and swinging while standing, twisting, or on stomachs.

Enforcement

Level 2 Noncompliance

5) k) i) The provider must ensure that children in care are protected from unintended access to pools that are not emptied after each use.

Rationale / Explanation

The purpose of this regulation is to prevent both injury and drowning. Most children drown within a few feet of safety, and drowning is one of the leading causes of unintentional injury to children under 5 years of age. CFOC, 3rd Ed. pg. 7 Standard 1.1.1.5, pg. 267 Standard 6.1.0.6, pg. 278 Standard 6.3.1.1, pg. 280 Standards 6.3.1.6, 6.3.1.7

Enforcement

Level 1 Noncompliance

5) k) ii) The provider must ensure that children in care are protected from unintended access to hot tubs with more than 2 inches of water in them.

Rationale / Explanation

The purpose of this regulation is to prevent both injury and drowning. Most children drown within a few feet of safety, and drowning is one of the leading causes of unintentional injury to children under 5 years of age. CFOC, 3rd Ed. pg. 7 Standard 1.1.1.5, pg. 267 Standard 6.1.0.6, pg. 278 Standard 6.3.1.1, pg. 280 Standards 6.3.1.6, 6.3.1.7

Enforcement

Level 1 Noncompliance

5) k) iii) The provider must ensure that children in care are protected from unintended access to water hazards such as ponds, streams, and fountains with more than 2 inches of water in them.

Rationale / Explanation

The purpose of this regulation is to prevent both injury and drowning. Most children drown within a few feet of safety, and drowning is one of the leading causes of unintentional injury to children under 5 years of age. CFOC, 3rd Ed. pg. 7 Standard 1.1.1.5, pg. 267 Standard 6.1.0.6, pg. 278 Standard 6.3.1.1, pg. 280 Standards 6.3.1.6, 6.3.1.7

Enforcement

Level 1 Noncompliance

5) l) i) While transporting children in care, the provider must ensure that children in care are wearing appropriate individual safety restraints.

Rationale / Explanation

The purpose of this regulation is to prevent children from being killed in an automobile accident. Motor vehicle crashes are the leading cause of death of children in the United States and children who are not buckled in appropriate restraints are 11 times more likely to die in a crash than children who are properly restrained. CFOC, 3rd Ed. pgs. 289-291 Standard 6.5.2.2

Assessment

“Safety restraints” refers to seat belts, car seats, booster seats, etc. used individually, and as required by Utah law. Utah code states the following regarding the use of child restraints:

41-6a-1803. Driver and passengers -- Seat belt or child restraint device required.

(1) (a) The operator of a motor vehicle operated on a highway shall:

- (i) wear a properly adjusted and fastened safety belt;
- (ii) provide for the protection of each person younger than eight years of age by using a child restraint device to restrain each person in the manner prescribed by the manufacturer of the device; and
- (iii) provide for the protection of each person eight years of age up to 16 years of age by securing, or causing to be secured, a properly adjusted and fastened safety belt on each person.

Enforcement

Level 1 Noncompliance

5) I) ii) While transporting children in care, the provider must never leave the children in care unattended in the vehicle.

Rationale / Explanation

The placement of a child in a vehicle does not eliminate the need for supervision. Potential dangers when children are left unattended in vehicles include a child leaving the vehicle, a child taking the vehicle out of gear or taking the park brake off, a child being taken from a vehicle by an unauthorized individual, or a child dying from heat stress in a hot car. CFOC, 3rd Ed. pgs. 6-7 Standard 1.1.1.4, pgs. 64-66 Standard 2.2..0.1, pgs. 287-288

Assessment

Providers are considered out of compliance with this regulation when they leave children in the vehicle while they go inside a store to pay for gas.

Enforcement

Level 1 Noncompliance

5) I) iii) While transporting children in care, the provider must not be intoxicated or impaired.

Rationale / Explanation

The age, defenselessness, and lack of mature judgment of children in care make the prohibition of alcohol and illegal substances an absolute requirement. CFOC, 3rd Ed. pgs. 118-119 Standard 3.4.1.1, pg. 363 Standard 9.2.3.15

Enforcement

Level 1 Noncompliance

SECTION 6 - CHILD HEALTH

Purpose

This section contains the regulations for the health of the children.

General Information

Suspected child abuse or neglect is to be reported to the Child Protective Services hotline 1-855-323-3237.

6) a) There must be a clean and sanitary environment for the children in care.

Rationale / Explanation

Young children sneeze, cough, drool, use diapers and are learning to use the toilet. They hug, kiss, and touch everything and put objects in their mouths. Illnesses may be spread in a variety of ways, such as by coughing, sneezing, direct skin-to-skin contact, or touching a contaminated object or surface. Respiratory tract secretions that can contain viruses (including respiratory syncytial virus and rhinovirus) contaminate environmental surfaces and may present an opportunity for infection by contact. CFOC, 3rd Ed. pg. 116-117 Standard 3.3.0.1

Developing a cleaning schedule helps to ensure that the home is properly cleaned on a regular basis. CFOC, 3rd Ed. pg. 260 Standard 5.7.0.5

It is also important to keep all areas and equipment used for the storage, preparation, and service of food clean and sanitary. Outbreaks of food borne illness have occurred in child care settings. Many of these can be prevented through appropriate sanitation methods. CFOC, 3rd Ed. pg. 193 Standard 4.9.0.9

It is recommended that sponges not be used for cleaning and sanitizing. This is because sponges harbor bacteria and it is difficult to completely clean and sanitize in between cleaning surface areas with sponges. CFOC, 3rd Ed. pg. 193 Standard 4.9.0.9

Cracked or porous surfaces cannot be kept clean and sanitary because they trap organic materials in which microorganisms can grow. Repairs with duct tape and other similar materials add surfaces that also trap organic materials. CFOC, 3rd Ed. pg. 186 Standard 4.8.0.3; pgs. 240-241 Standard 5.3.1.6

Assessment

Licensing Specialists will distinguish between messes made as the consequence of an activity done that day and a chronic buildup of dirt, soil, food, etc. over time where disease-causing bacteria can grow.

Enforcement

Level 2 Noncompliance when there is:

- rotting food or a buildup of food on a surface
- a slippery spill on a floor
- mold growing
- a visible buildup of dirt, soil, grime, etc.
- a buildup of cobwebs, bugs, or carpets in need of cleaning and there is a child with asthma or another known respiratory condition in care
- feces in an accessible indoor area

Level 3 Noncompliance when there is:

- a buildup of cobwebs, bugs, or carpets in need of cleaning and there is no child with asthma or another known respiratory condition in care
- flooring or a wall that is damaged and cannot be effectively cleaned

6) b) There must be a flushing toilet and a working hand washing sink accessible to non-diapered children in care.

Rationale / Explanation

Young children need to use the bathroom frequently and cannot wait long when they have to use the toilet. CFOC, 3rd Ed. pg. 246 Standard 5.4.1.6

Assessment

Licensing Specialists will flush toilets unless they hear toilets flush after someone uses them or they see someone flush toilets after children use them.

Providers will be considered out of compliance if the only toilet is an indoor portable toilet, also known as a composting toilet. The local health department will only allow the use of composting toilets in extreme situations, such as when there is no available water source.

Enforcement

Level 2 Noncompliance

6) c) The provider must ensure that children in care are not subjected to physical, emotional, or sexual abuse while in care.

Rationale / Explanation

Serious physical abuse of children by providers usually occurs at times of high stress for the provider. For this reason, it is important for providers to have ways of taking breaks and seeking assistance when they are stressed. CFOC, 3rd Ed. pgs. 41-43 Standard 1.7.0.5

Enforcement

Level 1 Noncompliance

6) d) The provider must follow the reporting requirements for the witnessing or suspicion of abuse, neglect, and exploitation found in Section 62A-4a-403 and 62A of the Utah Code.

Rationale / Explanation

Reporting of suspected child abuse or neglect is required by Utah law. Suspected abuse and neglect must be reported to law enforcement or Child Protective Services. CFOC, 3rd Ed. pgs. 123-124 Standard 3.4.4.1

Enforcement

Level 1 Noncompliance

6) e) i) The provider must not use the following disciplinary measure - any form of corporal punishment that produces pain or discomfort such as hitting, spanking, shaking, biting, or pinching.

Rationale / Explanation

These prohibited methods of discipline are considered psychologically and emotionally abusive and can easily become physically abusive as well. Research has linked corporal punishment with negative effects such as later criminal behavior and learning impairments. CFOC, 3rd Ed. pgs. 75-76 Standard 2.2.0.9

Assessment

Corporal punishment includes squirting a child with water or putting hot sauce or soap in a child's mouth.

Enforcement

Level 1 Noncompliance

6) e) ii) The provider must not use the following disciplinary measure - restraining movement by binding, tying, or other form of restraint.

Rationale / Explanation

These prohibited methods of discipline are considered psychologically and emotionally abusive and can easily become physically abusive as well. CFOC, 3rd Ed. pgs. 75-76 Standard 2.2.0.9

Assessment

Placing a child in a harness or leash is considered restraining a child's movements.

Covering a child's hand with a sock, as long as movement of the child's arm and hand is not restricted, is not considered inappropriate discipline unless it is done in a humiliating or demeaning way.

Unless it is used as discipline, swaddling a child is not considered restraining a child's movement.

Enforcement

Level 1 Noncompliance

6) e) iii) The provider must not use the following disciplinary measure - shouting at children.

Rationale / Explanation

These prohibited methods of discipline are considered psychologically and emotionally abusive and can easily become physically abusive as well. CFOC, 3rd Ed. pgs. 75-76 Standard 2.2.0.9

Assessment

This regulation is not intended to prevent a provider from shouting to a child in an emergency situation where there is a danger of imminent serious physical harm, such as to prevent a child from running into the street.

Enforcement

Level 1 Noncompliance

6) e) iv) The provider must not use the following disciplinary measure - any form of emotional abuse.

Rationale / Explanation

These prohibited methods of discipline are considered psychologically and emotionally abusive and can easily become physically abusive as well. CFOC, 3rd Ed. pgs. 75-76 Standard 2.2.0.9

Assessment

A provider's use of profanity in the presence of children is considered emotional abuse and inappropriate discipline.

Using humiliation to discipline a child, such as putting an older child in a highchair or crib to make the child look like a "baby", is considered emotional abuse.

Disciplining children who are in emotional distress by isolating them behind a gate or door away from the provider and the rest of the children is considered emotional abuse.

Enforcement

Level 1 Noncompliance

6) e) v) The provider must not use the following disciplinary measure - forcing or withholding food, rest, or toileting.

Rationale / Explanation

These prohibited methods of discipline are considered psychologically and emotionally abusive and can easily become physically abusive as well. CFOC, 3rd Ed. pgs. 75-76 Standard 2.2.0.9

When adults use food to modify behavior children can come to view eating as a tug-of-war and are more likely to develop lasting food dislikes and unhealthy eating behaviors. CFOC, 3rd Ed. pgs. 70-72 Standard 2.2.0.6

Assessment

Not offering dessert to children who do not finish their food is not considered withholding food.

Enforcement

Level 1 Noncompliance

6) e) vi) The provider must not use the following disciplinary measure - confining a child in a closet, locked room, or other enclosure such as a box, cupboard, or cage.

Rationale / Explanation

These prohibited methods of discipline are considered psychologically and emotionally abusive and can easily become physically abusive as well,. CFOC, 3rd Ed. pgs. 75-76 Standard 2.2.0.9

Assessment

A child may not be put in an enclosure for time out purposes. This is considered confining a child

Enforcement

Level 1 Noncompliance

SECTION 7 - PARENTS

Purpose

This section contains the regulations for the parents of the children in care.

7)a) The provider must ensure parents have access to all areas of the home used for care.

Rationale / Explanation

Allowing parents unrestricted access to the home and the outdoor area at all times is one of the most important methods of preventing abuse and inappropriate discipline. When access is restricted, areas observable by parents may not reflect the care children actually receive on a day-to-day basis. CFOC, 3rd Ed. pg. 78 Standard 2.3.1.2, pgs. 380-381 Standard 9.4.1.6

Assessment

This does not mean providers cannot lock their doors. It means providers must open their doors in a timely manner and allow parents to enter any part of the home or outdoor areas that is used for child care.

Enforcement

Level 2 Noncompliance

7) b) i) The provider must ensure parents are aware he/she takes children in care off the premises, such as to run errands or go to a park.

Rationale / Explanation

The purpose of this regulation is to protect both children and providers by ensuring that children are never taken off-site without parental awareness. CFOC, 3rd Ed. pg. 338 Standard 9.4.2.3

Assessment

This means parents must be made aware of the days and times when children will be taken on off-site.

Parental awareness is not needed for spontaneous walking field trips when the children are away from the home for no more than 60 minutes and are within ½ mile of the home.

Enforcement

Level 3 Noncompliance

7) b) ii) The provider must ensure parents are aware he/she allows children in care to leave the premises, such as to go to a neighbor's house or to ride their bikes on the street.

Rationale / Explanation

Supervision of children is basic to the prevention of harm. Parents have an expectation that their children will be supervised when in the care, and that the provider will not allow their child to go off site without the parent's knowledge. CFOC, 3rd Ed. pgs. 64-66 Standard 2.2.0.1

Enforcement

Level 3 Noncompliance

SECTION 8 - NOTIFICATIONS AND REPORTABLE CHANGES

Purpose

This section contains the regulations for notifications and reportable changes.

8) a) In the case of a life threatening incident or injury or an incident or injury that poses a threat of the loss of vision, hearing, or a limb, the provider must contact emergency personnel immediately and before contacting the parent.

Rationale / Explanation

A delay in contacting emergency personnel in the case of a life threatening injury could result in permanent disability or death. CFOC, 3rd Ed. pg. 458 Appendix P

Enforcement

Level 1 Noncompliance

8) b) The provider must report any adverse reaction to a medication or any error in the administration of a medication to the parent immediately upon recognizing the error or reaction.

Rationale / Explanation

The purpose of this regulation is to avoid additional harm to children by ensuring that any adverse medication reaction or administration error is dealt with immediately, including by emergency personnel if needed. CFOC, 3rd Ed. pgs. 143-144

Enforcement

Level 1 Noncompliance

8) c) Within 24 hours of its occurrence, the provider must notify the Department of Health, Child Care Licensing staff of any fatality, hospitalization, emergency medical response, or injury that requires attention from a health care provider, except for emergency medical transport that was part of the child's medical treatment plan. The provider must submit documentation of the incident to Child Care Licensing within five working days of the incident.

Rationale / Explanation

The purpose of this regulation is so that the Department can work with providers to correct unsafe or unhealthy conditions and to prevent future or additional harm to children CFOC, 3rd Ed. pg. 383 Standard 9.4.1.10

Assessment

Emergency medical response means a call to 911 (or the police, ambulance, or fire department).

Attention from a health care provider means the child was physically examined by the health care provider.

Providers must report injuries that require attention from a health care provider as soon as they become aware of the visit to the health care provider (for example, when the parent took the child to a health care provider after leaving the provider).

Enforcement

Level 1 Noncompliance for not reporting a fatality

Level 3 Noncompliance otherwise

8) d) Within 48 hours of becoming aware of the conviction, the provider must notify the Department of Health, Child Care Licensing Staff of any felony or misdemeanor conviction of a Covered Individual.

Rationale / Explanation

The purpose of this regulation is to ensure that individuals who do not pass a background screening do not have unsupervised access to children in care.

Enforcement

Level 1 Noncompliance when the Department was not notified

Level 2 Noncompliance when the Department was notified but not within 48 hours

8) e) i) Within 10 calendar days of the change, the provider must notify the Department of Health, Child Care Licensing staff of changes in his/her name.

Rationale / Explanation

This is necessary for accurate and current information about the provider.

Enforcement

Level 2 Noncompliance

8) e) ii) Within 10 calendar days of the change, the provider must notify the Department of Health, Child Care Licensing staff of changes in his/her telephone number.

Rationale / Explanation

This is necessary for accurate and current information about the provider.

Enforcement

Level 2 Noncompliance

8) e) iii) Within 10 calendar days of the change, the provider must notify the Department of Health, Child Care Licensing staff of changes in his/her child care schedule.

Rationale / Explanation

This is necessary for accurate and current information about the provider.

Enforcement

Level 2 Noncompliance

8) e) iv) Within 10 calendar days of the change, the provider must notify the Department of Health, Child Care Licensing staff of changes in the number of children of DWS customers in care.

Rationale / Explanation

This is necessary for accurate and current information about the provider.

Enforcement

Level 2 Noncompliance

8) e) v) Within 10 calendar days of the change, the provider must notify the Department of Health, Child Care Licensing staff of changes in the DWS customer(s) whose child(ren) are in care and their DWS case number(s).

Rationale / Explanation

This is necessary for accurate and current information about the provider.

Enforcement

Level 2 Noncompliance

8) f) By the last day of care at the present address, the provider must notify the Department of Health, Child Care Licensing staff of changes of location by submitting an application for an DWS FFN Child Care Child Care Approval for the new location.

[Rationale / Explanation](#)

This is necessary because the approval is not transferable.

[Enforcement](#)

Level 2 Noncompliance

SECTION 9 - EMERGENCY PREPAREDNESS

Purpose

This section contains the regulations for emergency preparedness.

9) a) The provider must have current Red Cross, American Heart Association, or equivalent certification in First Aid.

Rationale / Explanation

To ensure the health and safety of children in a child care setting, including during off-site activities, someone who is qualified to respond to common life-threatening emergencies must be present at all times. The presence of such a qualified person can mitigate the consequences of injury and reduce the potential for death from life-threatening conditions. Having these emergency skills, and the confidence to use them, are critically important to the outcome of an emergency situation.

CFOC, 3rd Ed. pgs. 24-25 Standard 1.4.3.1, 1.4.3.2

Assessment

The expiration date on the First Aid card determines whether the certification is current. When there is no expiration date, the certification will be considered current when the issue date is less than a year old.

Any First Aid certification is considered equivalent to the Red Cross or American Heart Association.

Enforcement

Level 3 Noncompliance

9) b) The provider must have current Red Cross, American Heart Association, or equivalent certification in infant and child CPR from a course that included hands-on testing.

Rationale / Explanation

To ensure the health and safety of children in a child care setting, including during off-site activities, someone who is qualified to respond to common life-threatening emergencies must be present at all times. The presence of such a qualified person can mitigate the consequences of injury and reduce the potential for death from life-threatening conditions. Having these emergency skills, and the confidence to use them, is critically important to the outcome of an emergency situation.

CFOC, 3rd Ed. pgs. 24-25 Standard 1.4.3.1, 1.4.3.2

Assessment

The expiration date on the CPR card determines whether the certification is current. When there is no expiration date, the certification will be considered current when the issue date is less than a year old.

Enforcement

Level 2 Noncompliance

9) c) The provider must have an Emergency Preparedness Plan. (This is part of the Health and Safety Plan.)

Rationale / Explanation

Maintaining calm and composed thinking can be difficult in emergency situations. When emergencies happen, it is important to have a well thought-out and practiced plan in writing that providers can refer to. Having such a practiced plan can prevent poor judgment in the stress of an emergency situation. CFOC, 3rd Ed. pgs. 366-368 Standard 9.2.4.3

Enforcement

Level 2 Noncompliance

9) d) The provider must conduct fire evacuation drills at least quarterly and document the date and time of each drill.

Rationale / Explanation

Practicing drills teaches the children what to do in the event of a fire and shows providers if they need to change their evacuation plan to ensure all children are safely evacuated.

Assessment

Quarterly means the drills must be conducted once in each 3 month period of the approval year.

Enforcement

Level 2 Noncompliance

9) e) The provider must conduct disaster (other than fire) drills at least yearly and document the date and time of each drill.

Rationale / Explanation

Practicing drills teaches the children what to do in the event of a disaster and shows providers if they need to change their plan to ensure all children are safe.

Assessment

Yearly means the drill must be conducted one time during the approval year.

Enforcement

Level 2 Noncompliance

SECTION 10 - DOCUMENTATION

Purpose

This section contains the regulations for required documentation.

10) a) i) The provider must keep the following record at the home where care is being provided and available for review by Department of Health, Child Care Licensing staff - current First Aid and CPR certifications.

Rationale / Explanation

Review of the provider's records by the Department staff is used, in part, to determine compliance with regulations. CFOC, 3rd Ed. pg.380 Standard 9.4.1.5

Assessment

Documentation for CPR Certification must indicate that the training included Infant and Child CPR.

American Life and Health Foundation CPR and First Aid certification is not equivalent to Red Cross or American Heart Association certification.

A CNA certification is not equivalent to First Aid and CPR certification.

A current nursing certificate is equivalent to First Aid and CPR certification.

When the certification is from the National Safety Counsel or the American Heart Association and it has BLS or Standard on it, the course included adult, infant and child CPR. The certification will not have the words "infant" or "child" on it.

Providers can have hard-copy or electronic records available for review.

Enforcement

Level 3 Noncompliance

10) a) ii) The provider must keep the following record at the home where care is being provided and available for review by Department of Health, Child Care Licensing staff - a three year record of the dates and times each child was in care.

Rationale / Explanation

Keeping accurate records of arrivals and departures is critical to establishing what children are in care at the home at any given time. CFOC, 3rd Ed. pgs. 372-373 Standard 9.2.4.10

Assessment

Licensing Specialists will review the last 2 months of records but providers are to keep the last 3 years of records.

Providers can have hard-copy or electronic records available for review.

Enforcement

Level 3 Noncompliance

10) a) iii) The provider must keep the following record at the home where care is being provided and available for review by Department of Health, Child Care Licensing staff - documentation of current immunizations for each child in care who does not attend school.

Rationale / Explanation

Routine immunization at the appropriate age is the best means of preventing vaccine-preventable diseases. CFOC, 3rd Ed. pgs. 297-299 Standards 7.2.0.1, 7.2.0.2, pg. 356 Standard 9.2.3.5

Assessment

Parents who choose not to immunize their children must have an exemption from their local Health Department and the provider must have a copy of that exemption available for review.

Providers can have hard-copy or electronic records available for review.

Enforcement

Level 3 Noncompliance

10) a) iv) The provider must keep the following record at the home where care is being provided and available for review by Department of Health, Child Care Licensing staff - the Health and Safety Plan on the Department form.

Rationale / Explanation

Review of the provider's records by the Department staff is used, in part, to determine compliance with regulations. CFOC, 3rd Ed. pg.380 Standard 9.4.1.5

Assessment

Providers can have hard-copy or electronic records available for review.

Enforcement

Level 3 Noncompliance

10) a) v) The provider must keep the following record at the home where care is being provided and available for review by Department of Health, Child Care Licensing staff - documentation of fire and disaster drills.

Rationale / Explanation

Review of the provider's records by the Department staff is used, in part, to determine compliance with regulations. CFOC, 3rd Ed. pg.380 Standard 9.4.1.5

Assessment

Providers can have hard-copy or electronic records available for review.

Enforcement

Level 3 Noncompliance

10) a) v) The provider must keep the following record at the home where care is being provided and available for review by Department of Health, Child Care Licensing staff - documentation of on-going child care training.

Rationale / Explanation

Review of the provider's records by the Department staff is used, in part, to determine compliance with regulations. CFOC, 3rd Ed. pg.380 Standard 9.4.1.5

Assessment

Providers can have hard-copy or electronic records available for review.

Enforcement

Level 3 Noncompliance